

THE *Canadian Hospital*


A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

June, 1928



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In this Issue—

Credit Bureau Service is Helpful in Collecting Accounts
Institute Changes in Educational System of Ontario Hospital, Orillia
Toronto Riverdale Isolation Hospital
Developments of Jordan Memorial Sanatorium
News of Hospitals and Staffs

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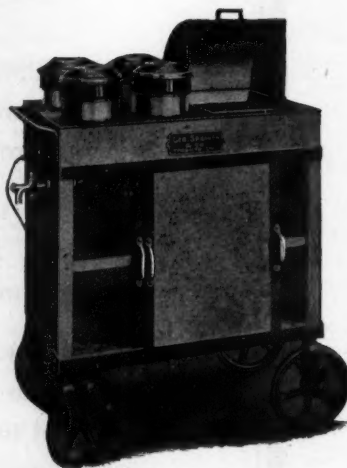
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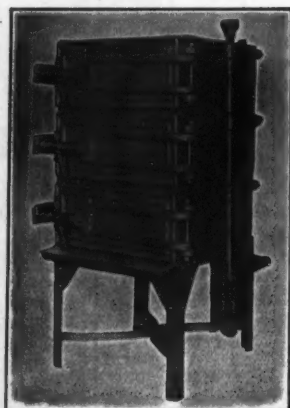
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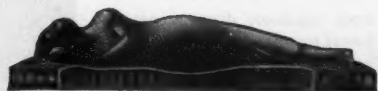
The patented tape tie will not collect dust or lint. Ventilators permit free circulation of air to the interior of the Marshall keeping it fresh and permitting easy sterilization. Live steam can be used without harming the Marshall Mattress in any way.

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The above picture is one of a series illustrating the Seventh Edition of the treatise "Habit Time" (of bowel movement).

Separate enlargements of this engraving and "Habit Time" mailed free to hospital executives on request.

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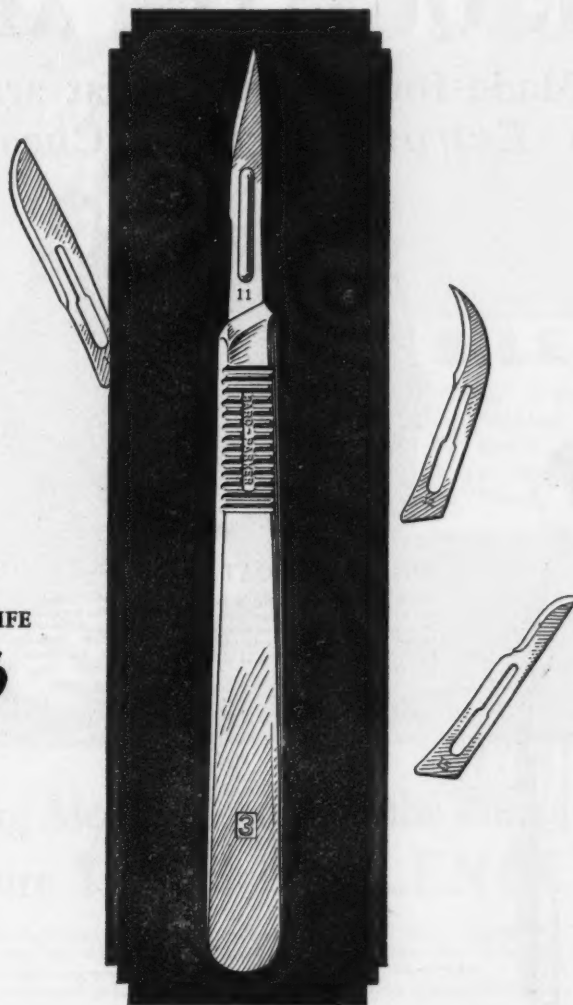
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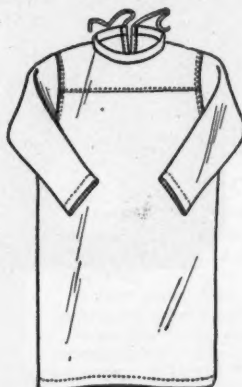
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"Silence" in Alcohol has reference to the "Aldehyde" and "Fusel Oil" content . . . the less Aldehyde or Fusel Oil the greater the "Silence." For every industrial purpose "Silence" in alcohol is desirable . . . it means better results and greater economy . . . in some classes of manufactures "Silence" is imperative.

Now, in Gold Medal Alcohol you can have absolute "Silence." No matter what formula you use, no matter for what purpose you use it . . . you will find Gold Medal Alcohol invariably free of Aldehyde and Fusel Oil . . . invariably Best by Every Test.

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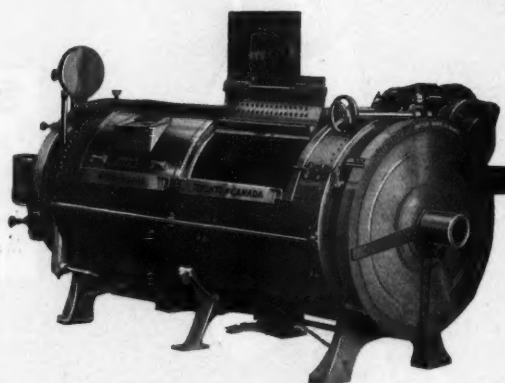
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Micro-lelling is the Otis-Fensom system which automatically stops elevator cars exactly level with the floor. Its certainty, accuracy and smoothness make it ideal for hospital use.

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It was these features coupled with the well-known high quality and service of Otis-Fensom products, that commended themselves to the judgment of the authorities of St. Michael's Hospital, Toronto. In the new addition there are two Micro-lelling passenger elevators each lifting 2000 lbs. at 175 ft. per minute.

Micro-lelling has indeed become the "Hospital Standard", being favoured by the leading hospitals of the Dominion.

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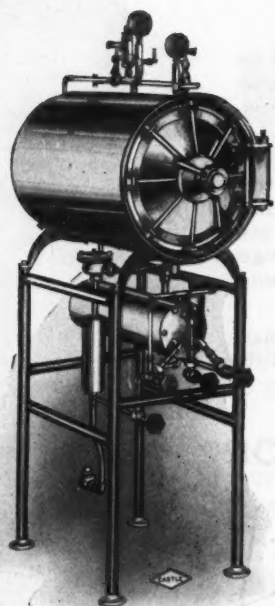
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CASTLE engineers acknowledge the acceptance by other manufacturers of a fundamental principle in correct sterilization, which they pioneered and have unremittingly advocated for over ten years.



Castle Autoclave with "Forced Air Evacuation" Automatic Air and Condensation Eliminator connected to waste line.

The Castle Dressing Sterilizer is as completely automatic in operation as can humanly be devised, hence less opportunity or error.

Castle engineers have been and always will be first in the development of improvements and refinements in the design and construction of Hospital Sterilizers.

1917 More than ten years ago CASTLE discovered the fallacy of the "partial vacuum" used for the purpose for which it was recommended. CASTLE adopted and pioneered the principle of "Forced Air Evacuation" and has since held leadership in the design and manufacture of Sterilizers for Hospital Service.

1926 Two years ago CASTLE added an improvement of tremendous importance—the adoption of "Automatic" control as standard equipment for the positive discharge of all air and water. The complete elimination of the human element and the end of all uncertainty in this phase of sterilization.

1927 An added refinement—automatic air and condensation eliminator connected to plumbing. The end of the unsightly basin on the floor and the elimination of another hand operation.

1928 After ten years, during which time many tests were carried out, other leading manufacturers now publicly proclaim the correctness of these CASTLE principles and are incorporating the principle of Automatic "Forced Air Evacuation" as a necessity in the carrying out of an exact technique.



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No. 6

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Training Doctors for a New Era

For decades the progress of medical research has demanded more and better laboratories for biology, biochemistry, physiology, bacteriology and pathology; elaborate installations for X-ray and radium therapy and for treatments by machines, baths, and artificial sunlight; as well as operating facilities of many kinds. Hospitals with patients in beds are no longer sufficient for studying diseases and teaching students. There must be out-patient clinics for the sick who are able to get about, and even health centres for well persons. In addition to all these requisites the public health leaders are clamouring for the teaching of prevention seriously and to some purpose.

The Rockefeller Foundation responds to invitations from certain types of medical schools which

seek aid in carrying out various plans for improving their buildings, equipment, organization, teaching, and research. During 1927 the following institutions were assisted: the College of Medicine of the State University of Iowa; the Faculty of Medicine of the University of Montreal; the National School of Medicine and Pharmacy, Haiti; the Faculty of Medicine of Sao Paulo, Brazil; Faculty of Medical Sciences, University College, London; London Hospital Medical School; the Faculty of Medicine, University of Cambridge; the Faculty of Medicine, University of Edinburgh; the Faculty of Medicine, University of Lyon; the Faculty of Medicine of the Free University of Brussels; the Faculty of Medicine, University of Strasbourg; twenty departments in twelve French and Italian medical schools; the Institute of Psychiatric Research, Munich; the University of Zagreb; the Medical School of the American University in Beirut; the Medical School of Chulalongkorn University, Bangkok; Shantung Christian University Medical School, Tsinan; Shanghai Union Medical School; Hsiangya Medical College, Changsha; and Keio University College of Medicine, Tokyo.

It will be seen from the foregoing that the Foundation is world-wide in its scope and influence, and the advancement of medical education and practice is due in no small part to its activities.



The Need for Private Rooms

There are certain types of disease and illness, the efficient treatment of which makes it imperative that patients be located in private rooms. It is freely admitted that there is practically no type of disease or illness that cannot be treated to better advantage if the patient is confined to a private room.

It has been suggested by a prominent hospital executive that in the planning of the construction of a new hospital this fact be most carefully considered in order to provide for as many single rooms as possible. It has often been the practice in the planning of hospitals in the past to so construct the building that the space left for each private room was sufficient to contain two beds if necessary. It was found that this provision was made use of in a very short time, since superintendents were unable to resist the pressure of admissions to already crowded institutions. This made the single room almost an impossibility.

If the retaining of the private room is to be taken seriously into consideration, therefore, it appears to be necessary to so plan the building as to allow merely enough space in the single room to contain one bed, and no more. If the hospital is to be a 100-bed institution at its full capacity, this capacity does not need to be made up by the installation of a second bed in the private room.

If it should become necessary to increase the capacity of the hospital, it would seem more sensible to add a bed to a semi-private ward or several to the public wards where space could be provided for these additions. Thus those rooms which were originally planned to be private would always be available for their intended purpose.

Do You Know Your Vegetables?

As knowledge of the value of vegetables to healthful living increases, the consumption becomes greater. It is therefore important that every person who provides food for others know his vegetables, their cost, their seasons and their qualities, says W. B. Mack, in "Hygeia," the popular health magazine of the American Medical Association.

Signs by which the buyer may recognize vegetables of good quality are enumerated by Mr. Mack. For instance, asparagus of the best quality has gradually tapering spears. The green portion should not be more than eight inches long. Except in blanched asparagus the white portion is too tough to be eaten, so the less of it the better.

The popular method of testing cantaloups by pressing on the ends cannot be trusted, the writer warns, unless one is the first person to examine a crate. A melon of good quality will have abundant netting, prominent ribs with well marked grooves between them and will be shorter from stem to blossom end and wide in the other direction as compared with others in the same crate.

Snap beans should snap rather than bend and the beans inside should be tender. Angular, wrinkled peas are better than smooth round ones. Corn should be cool to the touch and the kernels should be plump, moist and shiny. Sweet potatoes that are short, thick and spindle-shaped are the kind to buy. Smooth cylindrical cucumbers that are green all over are preferred. Tomatoes of the best quality are smooth, firm, heavy and dark crimson or purple red. The light red ones with flat sides have been picked green and their ripening has been probably hurried along with gas.

The food departments in our hospitals are more and more coming into their own. A wider knowledge of such subjects as "Balanced rations," vitamins and calories is having its effect in decreasing the number of days of patients in hospital and adding in other ways to better living and better health.



Surveys Mental Hospitals

After spending two months touring Canada and the United States, during which time he visited many institutions in both countries, Mr. D. M. DeBourdais, director of the division of education, Canadian National Committee for Mental Hygiene, has returned to Toronto.

From his investigations, he has reached the conclusion that facilities in Canada for the treatment and care of those afflicted with mental diseases, compare favourably on the whole with those in the United States, and that in some respects they are superior.

"One condition I found to be general in both countries," stated Mr. DeBourdais. "This was with respect to the overcrowded state of the mental hospitals. With respect to therapeutic methods, it would seem that the average is somewhat higher in Canada, because there is a greater range between the best managed and the poorest hospitals in the United States.

"In one respect American facilities are uniformly superior, and that is with regard to the provision of social service departments in connection with the various public institutions. The function of these departments is to act as a go-between in arranging for the re-establishment of patients into the community. In many other cases social service departments can save the need for institutional care by proper adjustment before the maladjustment becomes serious."

New Syringe for Local Anaesthesia

A new type of syringe for local anaesthesia has been designed by Dr. George P. Pitkin, surgeon-in-chief, Holy Name Hospital, Teaneck, N.J. This syringe is a self-filling, continuous-flow syringe, permitting the injection of large amounts of anaesthetic solution in a comparatively short time, without removing the needle from the tissue or detaching the syringe.

There is an opening through the centre of the piston and piston stem, which allows for the intake and continuous flow of the anaesthetizing fluid. This flow is controlled by a valve in the top of the piston stem just below the thumb ring.

The three-ring finger rest makes it possible to fill and empty the syringe with one hand, and a device locks the needle on the tip of the syringe. Internal equalizing springs distribute the pressure exerted by the finger rings.

The barrel of this syringe is made of special hard resistance glass and the plunger is of non-corrosive steel. Non-corrosive steel and the special hard glass have the same co-efficient of expansion and contraction and it is therefore possible to sterilize this syringe without removing the plunger.

—Modern Hospital.

Alberta Has Sexual Sterilization Law

By a recent action of the Legislature, Alberta has become the first province in the Dominion of Canada to undertake sexual sterilization of the feeble-minded.

The act provides that patients of a mental hospital, before being released, shall appear before an examining board. If this board is unanimous in the opinion that the patient has given his consent, or if the patient is considered unfit to give such consent, agreement has been expressed by parent or guardian, the Act provides that a sterilization operation shall be performed.

Cafeteria at Toronto Western Hospital

Members of the auxiliary of the Toronto Western Hospital are conducting a cafeteria which is the first of its kind in Toronto. Out-patients and members of the visiting staff come to this attractively equipped counter in a bright corner of the out-patients' department. Coffee and sandwiches are procurable and are served by members of the auxiliary, the prices being extremely reasonable.

If popularity counts for anything, this innovation has every indication of becoming a most successful venture.



Portrait by Milne Studios

DR. C. McMANE
Superintendent Christie St. Hospital, Toronto

St. Joseph's Hospital, Kenora, Opens New Wing.

The official opening of the new wing of St. Joseph's Hospital, Kenora, Ont., took place on May 12th. The citizens of Kenora will now have at their disposal a modern hospital where every convenience and comfort is available. There will be accommodation for at least sixty adult patients and there will also be an infants' department.

The new building is strictly fireproof, steel and reinforced concrete being the materials used. The floors throughout are of terrazzo with curved base and rounded corners. The doors are of gumwood slab, satin finish. They are handsome in appearance and are wide enough to allow beds or operating carriages to be wheeled through.

A modern system of lighting has been installed and extended to the old building with a view to the greatest possible efficiency. Illumination is by central and bracket lights. The wall fixtures include all fixtures necessary for the use of special apparatus for treatment or examinations.

A complete system of silent signals of the most modern type has been installed, which has also been extended to the old building. The nurses will thus be enabled to ascertain just where their attention is required without running the risk of disturbing other patients. In the centre of the building there is an insulated stairway, with metal doors on each landing.

It provides a perfect fire escape in addition to the two exterior ones of easy access.

The heating system is of the closed hot water type, forced circulation with reversed returns being used. The system is laid out on the medium piping plan. This is to allow for circulation throughout the building while the gas engine is put into operation, should the electric current fail.

The plumbing is of a type especially designed for hospital use.

On the north side of the building is located the covered ambulance porch and patients' entrance. This was a much needed improvement, as there are now no steps to climb to reach the automatic elevator, which will take the patient to any of the floors. This elevator will also make the handling of surgical cases much easier and should prove a boon to both doctors and patients.

On the ground floor are located the office, pathological laboratory, dining rooms for the staff, the main kitchen, equipped with large refrigerating apparatus, store rooms and pantries. On the second floor are four private rooms, semi-private and public wards. The large reception room for the use of visitors is at the East end of this floor.

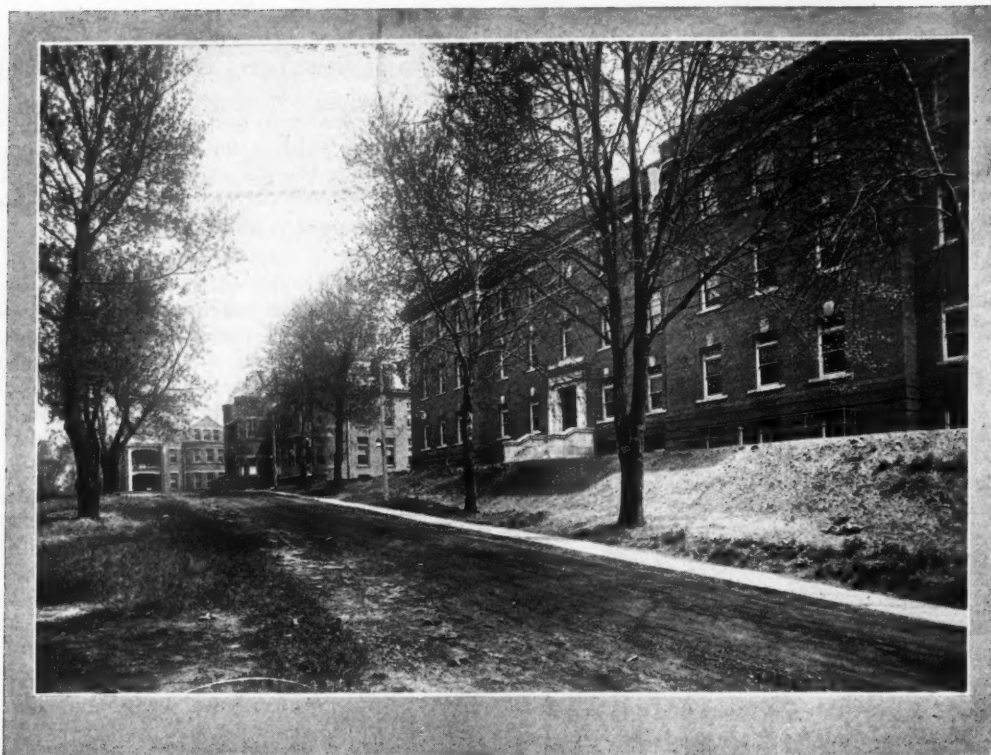
On the third floor are five private rooms, a children's ward, semi-private wards and two public wards. In the new wing, on this floor, is located the maternity department, with special sterilizing and obstetrical equipment. The nursery is provided with a window through which visitors may see, but not touch the babies. These floors are equipped with diet kitchens, electric stoves, refrigeration cabinets, linen rooms, nurses' station-room, toilets, baths, etc.

The operating or surgical suite is on the north-west section of the top floor. It consists of a major operating room, and a minor operating room, with a sterilizing room between. Both rooms are provided with instrument cabinets; and the lighting facilities both natural and artificial, are of the very best. Adjacent are the doctors' rooms and the nurses' work room containing a very convenient blanket-warmer. On the same floor new X-ray apparatus has been installed with a transformer in a separate room, and a dark-room for developing. The installation is quite complete and the hospital is now able to handle any cases that may require X-ray photography. Ultra-Violet ray treatment is also provided for in this department.

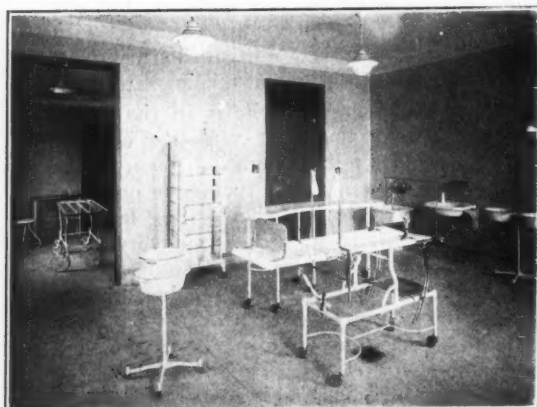
Two enclosed sun-rooms are at the disposal of convalescing patients. Quite separate from the main building an isolation section has been erected for the treatment of infectious cases, containing a ward, a bath room, nurses' room, telephone booth, etc.

The power house and laundry are buildings apart from the hospital proper.

CUMBERLAND, B.C.—The Diamond Jubilee wing of the Cumberland General Hospital has been officially opened. This hospital wing has been recently erected, and has made of the Cumberland Hospital one of the best of the smaller hospitals on Vancouver Island.



MEASLES HOSPITAL

At left—Operating room
and ward in Measles
Hospital.

TORONTO RIVERDALE



HE Riverdale Isolation Hospital was established and is maintained by the City of Toronto. The funds for its upkeep are included yearly in the estimates of the Department of Public Health, and, as such, are part of the General Tax Rate.

The first hospital building was erected in 1891 on a site which was then considered to be in the outskirts of the City on the eastern bank of the Don River, but which to-day is in the very heart of Toronto.

The Riverdale Isolation Hospital Training School for Nurses was established by the Local Board of Health of Toronto in 1894.

Its organization was due to the necessity of having trained and skilled nurses in the Riverdale Isolation Hospital, and has served the purpose of affording young women, desirous of becoming Professional Nurses, a systematic course of instruction, both in theoretical and practical work, pertaining to the nursing of communicable diseases. Such experience could not be obtained in other hospitals owing to the fact that patients, contracting a communicable disease, were immediately removed therefrom. It has always been the purpose of the School to keep pace with the needs of the community and it has enlarged its curriculum and broadened its scope to meet these needs.

The Training School offers such practical experience that an adequate preparation is given for any of the many courses now open to the well-trained Graduate Nurse.

The Riverdale Isolation Hospital is under the control of the Local Board of Health. This Board consists of the Mayor, the Medical Officer of Health, and three resident ratepayers to be appointed annually by the Council at its first meeting every year. The Medical Officer of Health, being the executive officer of the Board, is the General Superintendent of the Hospital.

Early in 1923, tenders were let for the erection of a new nurses' residence at a cost of approximately \$150,000 and the building was formally opened and occupied on the 14th day of December, 1923.



NURSES' RESIDENCE

ISOLATION HOSPITAL

The residence is located just east of the present hospital buildings in the southern portion of Riverdale Park overlooking the beautiful valley of the Don River, and provides every comfort and convenience for the staff and student nurses. Every nurse has a single bedroom which is bright, airy and well-furnished, and provided with a large well-lighted and well-ventilated clothes cupboard.

On the first floor of the residence are the main reception room, dining-room, class-room accommodating thirty-five pupils, the living apartments of the superintendent and assistant superintendent of nurses, as well as a number of nurses' bedrooms. On the floors above, in addition to the nurses' bedrooms, are sitting-rooms, sun-rooms, kitchenettes.

In the basement there is the Kitchen and Service Departments, together with Demonstration Room, Diet Kitchen and a small Laundry and Ironing Room for the use of Nurses.

The residence is connected with the hospital by a tunnel, which enables the nurses to go from the residence to the hospital without any discomfort, regardless of weather conditions.

The entire building will accommodate seventy-five nurses and eleven domestics.

OFFICERS:

CHARLES J. HASTINGS, M.D., LL.D., D.Sc., M.O.H.,
General Superintendent.

BEVERLEY HANNAH, M.B., M.R.C.S., L.R.C.P.,
Physician-in-Chief.

MISS KATE MATHIESON, Reg. N.,
Superintendent of Nurses.

HENRY A. ROWLAND, Phm.B.,
Secretary Department Public Health and
Business Manager, Riverdale Hospital.

At right—single bedroom and sitting room in Nurses' Residence.



Providence Hospital, Moose Jaw, Completes Addition.

Representing the most modern developments in hospital construction and equipment, the new wing of the Providence Hospital at Moose Jaw, Saskatchewan, was formally opened in May.

Erected at a cost of \$175,000, the addition merits the highest commendation, much thought having been given to the planning of the building.

The wing is as nearly fireproof as possible, the floors of every corridor, ward and room of the entire four storeys being of terrazzo, while automatic fire-proof doors separate the new wing from the older portion of the hospital.

On the ground floor are store rooms, sewing room, rest room, locker room for special nurses, instructional diet kitchen for nurses in training, and a lecture room.

On the next floor, in addition to wards for patients, is a recreation room for the sisters. This is equipped

with a radio set, and is comfortably furnished. Quarters for the resident priest are also on this floor, while at the extreme southern end is the new chapel.

Diet kitchens have been provided for on the second, third and fourth floors, each being equipped with a steam table. There is also cupboard room and shelves for the individual trays of each patient.

Wards in the new wing accommodate either single or double beds, several of the private wards being sufficiently large for a second bed. Six wards have bath and toilet, while three have toilet and basin installation. All of the wards on the top floor are equipped with wash basins with both hot and cold water. On the third and fourth floors are large sun-rooms extending across the entire southern exposure of these floors.

On the second floor is a doctor's room, which is splendidly furnished. Adjoining this room is the record room, in which the statistics and records of every patient receiving treatment in the hospital is kept on file.



Royal Victoria Maternity Hospital, Montreal

The Mount Royal district health centre has taken possession of new and larger quarters at 4755 St. Hubert Street, removing from 4378 Cartier Street, where it has been in operation for over six years.

The Child Welfare Association will share the new Mount Royal quarters with the Family Welfare Association, and the Royal Victoria Montreal Maternity Hospital will open a pre-natal clinic on the premises.

A great deal of thought has been given the lighting system of the new wing. In addition to the lights suspended from the ceiling of the corridors, there are "pullman" lights placed at intervals along the corridor walls at a height of about six inches from the floor. These illuminate the surface of the floor only during the night hours when brilliant lights in the corridors, shining through the transoms, often annoy the patients.

Electric lighting and equipment in the new wards follow the modern trend. Each room is wired so that from a series of central plug-in switches, equipment, such as telephone, electrical treatment apparatus, reading lamp and patients' signal switches for nurses may be operated. Near the baseboard there is a plug for radio connection.

The wall lights are equipped with dimmer arrangements by means of which the intensity of the lights may be varied from a very faint ray to the usual brilliance.

Other improvements have been made in the hospital with the completion of the new wing. A new operating table and new lighting equipment have been installed in the operating room. In connection with the operating room is a doctors' dressing room and shower bath, and there has also been provided a sterilizing room and laboratory.

A new children's ward has been provided in the old chapel room. A feature of this ward is that the windows are of Vioray glass.

In the new wing metal furniture has been installed. With terrazzo floors, painted walls, curved baseboards and metal furniture, an entire ward can easily be completely washed and thoroughly cleaned.

Toronto General's Extension Plans

The Toronto General Hospital is to possess within two or three years one of the finest private patients' pavilions in the world, according to building plans which have been announced.

The Hospital's building proposals, which call for an expenditure of \$4,000,000 during the next two or three years, provide for a pavilion to contain over 300 private rooms, each equipped with toilet, bath and shower. Provision is also being made in this building, which is to cost approximately \$3,000,000, for an additional 200 beds, bringing the total accommodation to 500 beds.

The new pavilion will face University Avenue, just south of the present pathological building. The programme for this year at the hospital includes only the work already started.

The new medical building of the University of Toronto will face on College Street and will back on the psychiatric hospital. This building will be devoted to the teaching of medicine, surgery, obstetrics, gynecology and pathology.

Neuro-Psychiatric Association Meeting

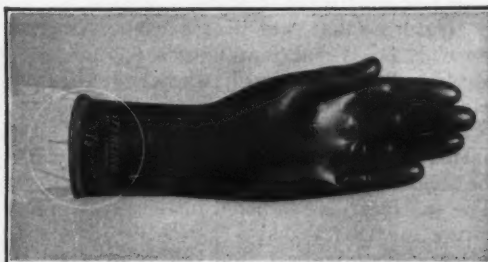
The next meeting of the Ontario Neuro-Psychiatric Association will be held at the Westminster Hospital, London, on June 11th, 1928, according to advice received from the secretary, Dr. G. C. Kidd.

Please refer to THE CANADIAN HOSPITAL when writing

Sterling

SURGEONS' GLOVES

The Reinforcing Band Gives Strength to Long Gauntlet



This feature of all Sterling Surgeon's Gloves is found only on the highest grades of other makes.

The bands give added strength, especially for taking off and pulling on the glove, prevents rolling up on itself, and holds the gown securely.

Sterling Rubber Company

LIMITED

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

GREEN SOAP

HARTZ

QUALITY

Green Soap (Hartz) is all pure soap prepared from the highest grade of vegetable oils only. An economical cleanser.

Write for prices and samples.

Manufactured by

The J. F. Hartz Co., Limited

Pharmaceutical Manufacturers

TORONTO

MONTREAL

Electric Vaporizer Has Many Advantages

An inhalator that cannot scald a patient or nurse, that stands on the floor with a wide base that has no exposed fire and is so constructed that "nothing happens if the kettle accidentally boils dry," has recently been put on the market.

This new electrically operated vaporizer has many other features that are worth considering. For instance, it holds sufficient liquids to operate continuously for twelve hours, has a flexible tube and a bakelite nozzle that is never too hot to handle, the vapour is less suffocating to the patient, because air is mixed with the steam, and the temperature of the steam is also moderated.

The specifications as listed in the manufacturer's literature are as follows:

Electric heating unit, 110-120 volts, 600 watts. Specially armoured and insulated.

Cord is six feet long, with plug-in attachment close to inhalator, the same as an electric iron. May be attached to any light socket or base plug.

Heating unit is enclosed in a copper shell.

Kettle is made of spun copper and holds 6,250 c.c.

Cover has holes to admit air.

A safety splash plate on the cover prevents the liquid from sputtering out in case the kettle boils dry.

The flexible tube is made of brass.

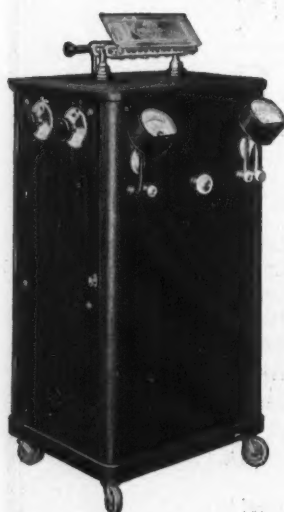
The inhalator is about four feet high. It should always stand on the floor for safety, never on a chair. Its weight, empty, is nine pounds.

—Modern Hospital.



Portrait by Milne Studios
Miss Hattie C. Fraser
Superintendent, The Prentorium, Toronto

Precision Model IV Diathermy Generator



FEATURES:

Calibrated Spark Frequency.

No faradic current possible, ensuring proper sedative treatment.

High voltage current, ensuring proper penetration.

Simplified yet extremely flexible and sensitive control.

Large capacity, more than sufficient for all classes of diathermy technique.

Oil immersed transformer and Leyden Jar Condensers.

Excellent mechanical and electrical design.

REASONABLE PRICE

THE M. B. EVANS X-RAY COMPANY

2539 Woodward Ave.
DETROIT, Michigan

80 Richmond St. East
TORONTO 2, Ont.

Exclusive Distributors of Acme-International Precision Apparatus

Please refer to THE CANADIAN HOSPITAL when writing

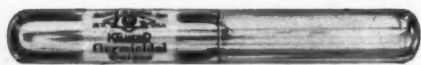


Carson C. Peck Memorial Hospital
BROOKLYN

A FAMOUS HOSPITAL WHERE D&G SUTURES ARE USED

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE*		NON-BOILABLE
NO.		NO.
1205.....	PLAIN CATGUT.....	1405
1225.....	10-DAY CHROMIC.....	1425
1245.....	20-DAY CHROMIC.....	1445
1285.....	40-DAY CHROMIC.....	1485

Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size \$3.00

Less 20% on gross or more or \$28.80, net, a gross

Claustro-Thermal Catgut

ASEPTIC. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.



NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size \$3.00

Less 20% on gross or more or \$28.80, net, a gross



D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Atraumatic Needles

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.		INCHES IN TUBE	DOZEN
1341..	STRAIGHT NEEDLE.....	28.....	\$3.00
1342..	TWO STRAIGHT NEEDLES...	36.....	3.60
1343..	3/8-CIRCLE NEEDLE.....	28.....	3.60
1345..	1/2-CIRCLE NEEDLE.....	28.....	3.60

Less 20% discount on one gross or more

Sizes: 00 . 0 . 1

Packages of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0 . 2 . 4 . 6 . 8 . 16 . 24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

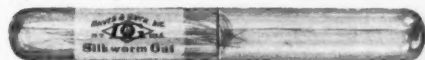
Package of 12 tubes of a size \$3.00

Less 20% on gross or more or \$28.80, net, a gross

DAVIS & GECK INC. • 211-221 DUFFIELD ST. • BROOKLYN, N. Y.

D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

Non-Absorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000,00,0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..84.....	00,0,1	
400..BLACK SILKWORM GUT..84.....	00,0,1	
450..WHITE TWISTED SILK...60.....	000 TO 3	
460..BLACK TWISTED SILK....60.....	000,0,2	
480..WHITE BRAIDED SILK....60.....	00,0,2,4	
490..BLACK BRAIDED SILK....60.....	00,1,4	

BOILABLE

Package of 12 tubes of a size. . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
812..10-DAY KALMERID " ..20..	00,0,1,2,3	
822..20-DAY KALMERID " ..20..	00,0,1,2,3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT...28.....	0	
882..WHITE TWISTED SILK.....20.....	000,0,2	
892..UMBILICAL TAPE.....24...1/8-IN. WIDE		

BOILABLE

Package of 12 tubes of a size. . . . \$1.50
Less 20% on gross or more or \$14.40, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
914..10-DAY KALMERID " ..20..	00,0,1,2,3	
924..20-DAY KALMERID " ..20..	00,0,1,2,3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...28.....	0	
984..WHITE TWISTED SILK.....20.....	000,0,2	

BOILABLE

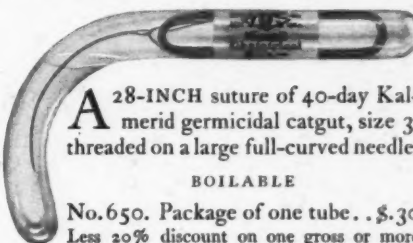
Package of 12 tubes of a size. . . . \$2.40
Less 20% on gross or more or \$23.04, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle.

BOILABLE

No. 650. Package of one tube. . . \$3.30
Less 20% discount on one gross or more

Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle.

BOILABLE

No. 600. Package of 12 tubes. . . . \$3.00
Less 20% on gross or more or \$28.80, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

DAVIS & GECK INC. • 211-221 DUFFIELD ST. • BROOKLYN, N. Y.

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ARCHIGENES OF APAMEA
(circa 100 A. D.) the scholarly
Syrian surgeon, materially advanced
the scope of amputation. He was dis-
tinguished from his contemporaries by
his daring in proposing amputation
not only in gangrene, but in necrosis,
cancer, certain callous tumors and in
extreme deformities. He wrote a com-
plete and interesting description of cir-
cular and flap amputation, suggesting
as a preliminary that vessels leading
to the site be tied, bound, or sewn.

D&G Sutures

"THIS ONE THING WE DO"

DAVIS & GECK INC.

A Shock Proof Foot Switch for High Frequency Control

Certain diathermy technics, especially in surgical work, require the use of a foot switch for turning the current on and off at intervals while the operator is in contact with the patient or an electrode. Heretofore, due to lack of a device designed primarily for this purpose, an X-ray foot switch has generally been utilized in the primary or "line" circuit. The type of switch is insulated for low tension only and when used in this manner to control the current from the auto condensation coil (Tesla and Oudin currents) the operator's body is shunted between the primary and secondary circuits of the diathermy apparatus, due to leakage of the high voltage current from his foot to the switch contacts. The resulting shocks to both operator and patient are unpleasant, to say the least.

To avoid this effect, many make-shifts have been resorted to with varying degrees of success; some have even had a second person operate the switch. Realizing the disadvantages of such make-shifts, Victor X-Ray Corporation engineers have designed a foot switch for this service which provides a convenient and shock-proof means for controlling the current. This switch is so constructed that the actuating mechanism is connected to the switch proper by a bakelite rod, 4 and seven-eighths inches long, giving ample protection against high frequency leakage to the primary circuit via the operator's body. The base of the switch is also of bakelite for additional protection.

Two black-lacquered metal cases enclose the mechanism; through one of these a large aluminum foot button projects. The dimensions are such that the foot is at all times in a natural, comfortable position. The switch action is quick and positive, and requires but a slight pressure of the foot. It may be used with any high frequency machine drawing fifteen amperes or less.

In Keeping With Aerial Progress

Plans for the first aerial hospital have been announced by Professor Oppel, the director of the Metchnikoff Hospital, at Leningrad, Russia.

The plans involve the construction of a large platform, hanging from four aerostats, and kept from floating off into space by a land anchor. This platform, with glass walls as shields against the wind, will be kept aloft at a level suitable for tuberculosis patients.

Professor Oppel explains that the air which tuberculosis patients find in mountain spots exists right in Leningrad, or any other city. It is merely a matter of rising high enough to locate it.

TORONTO, ONT.—Dr. R. B. Nevitt, who died Friday, May 11th, at the home of his son, Irving H. Nevitt, 348 Lake Front, Balmy Beach, won high honours in his profession. He was on the staffs of the General, St. Michael's and the Hospital for Sick Children, and was a director of the Women's College Hospital.



A Clinic on Cleanliness

The FINNELL Electric Floor Machine will show you how much cleaner a floor can be than one mopped, scrubbed or polished by out-of-date hand methods.

A snap of the switch and the FINNELL starts to scrub, supplying clean water for every square inch. Out of crevices and depressions, as well as off the surface, come dirt and accumulations that hand methods have failed to remove! By instant adjustment it can also be used to wax and polish linoleum or wood floors—just as easily, quickly, beautifully as it scrubs.

The FINNELL is **noiseless** in operation, not only when new, but throughout its years of service.

Think of the time a FINNELL saves—and the labor, and money! Do you wonder that hundreds of leading hospitals find it cheaper than any other method for getting and maintaining real floor sanitation? Many can point to increased patronage as one of the direct results of greater floor cleanliness.

See the FINNELL before you buy any machine. For full information write

DUSTBANE PRODUCTS, Limited
Standard Bank Building, Ottawa, Ont.

Branches: MONTREAL WINNIPEG VANCOUVER

FINNELL
ELECTRIC FLOOR MACHINE
It waxes • It polishes • It scrubs

Please refer to THE CANADIAN HOSPITAL when writing

The Development of Jordan Memorial Sanatorium



New Infirmary of the Jordan Memorial Sanatorium, River Glade, N. B.

It was on April 6th, 1911, that an Act to establish "The Jordan Memorial Sanatorium," was passed by the Legislative Assembly of New Brunswick. This was the result of a direct gift of Mrs. Jeanette Jordan, a native born New Brunswick girl, who later married a Mr. Jordan, of Boston. Subsequently, in the later years of the life of Mr. Jordan, a country home was built at The Glades, and the Jordan family spent several years there. At Mr. Jordan's death, his wife then conceived the idea of establishing a sanatorium for the care of the tuberculous. This finally culminated in the above Act.

From 1911 until 1918 the institution had but thirty beds and was under the direction of Dr. David Townsend. He resigned in 1917 and was followed by Dr. D. A. Carmichael, who remained until 1923, when the present superintendent, Dr. R. J. Collins, took charge.

During Dr. Carmichael's regime the institution was under the direction of the Dominion government, the Provincial government paying only a nominal rate for their patients. There was added a laundry building, military ward and ice-house, and various changes bringing the number of patients to seventy-three. It has remained at this number until the recent building increases the accommodation to one hundred, and, eventually, without further building, to 130.

Under the Act mentioned above, commissioners were appointed, the present board being as follows: Senator C. W. Robinson, chairman; Hon. J. A. Murray, Hon. W. F. Roberts, J. A. Doucett, M.P.P., Hon. E. A. Smith, A. E. Trites, Capt. J. W. Carter.

The new infirmary is one of the finest of its kind

in Canada. The accommodation is a succession of single rooms, two and four-bed wards.

Beginning at the roof an open-air sun veranda is supplied, wherein patients with bone, gland, peritoneal and intestinal tuberculosis can be treated in the direct sun. Inside the elevator pent house is provided two rooms, one for men and one for women, fitted with vioray glass for the same kind of treatment. There are here two isolation rooms for observation purposes.

All floors are connected with an electric elevator.

The third floor has accommodation for thirty-six patients and will be used for women. A beautiful sitting room is provided, also a large spacious diet kitchen. On this floor also is a room to be used for giving light therapy treatments. The wards and rooms are provided with sleeping porches. The wide central hall is covered with a rubber mosaic floor that will insure cheerfulness and quiet.

The diet kitchens are supplied with mechanical dishwashers and sterilizers for all dishes, and electrical refrigerators.

The second floor is a duplicate of the third and will be utilized for male patients.

The first floor contains the medical offices, a sterilizing room and a modern glass-tiled operating room. This will be thoroughly equipped. A large waiting and sitting room is also provided and this will contain a radio receiving station where concerts will be transmitted to all beds by head phones. There is also on this floor accommodation for thirty patients.

The basement contains the general business offices and vocational room. Basket-making, rug-weaving and cabinet-making are specialized in. There are also

Continued on Page 30

Rapid and Efficient Service on Hospital Supplies and Equipment

Whether it be the supplying of surgical instruments or of linen and blankets; the outfitting of an operating room or of a kitchen; the furnishing of a private room or of a whole ward, Eaton's can supply you with serviceable and practical equipment. And everything supplied is backed by the guarantee and the prestige of the company.

Eaton's Contract Department facilitates the equipping of hospitals. This department will take over the complete outfitting of one room or of a whole hospital. From long experience they know what is necessary, at the same time eliminating overlapping which runs the cost of equipment unnecessarily high.

For estimates or for further information apply to the Contract Department, Sixth Floor, House Furnishings Building.

THE T. EATON CO. LIMITED
C A N A D A

Please refer to THE CANADIAN HOSPITAL when writing

Simplified Practice Recommendations

Adhesive Plaster

In accordance with the unanimous action of a general conference of producers, distributors and consumers of adhesive plaster and surgical gauze, held on February 15, 1928, the Department of Commerce submits for the approval of the industry the following simplified schedule for the stock varieties of these commodities:

ADHESIVE PLASTER IN ROLLS

Widths	Lengths
Inches	Yards
12	5
7	1

ADHESIVE PLASTER ON SPOOLS

Widths	Lengths
Inches	Yards
$\frac{1}{2}$	10-5-2 $\frac{1}{2}$ -1
1	10-5-2 $\frac{1}{2}$ -1
1 $\frac{1}{2}$	5
2	10-5
3	10-5

These recommendations are to be effective from September 1, 1928, subject to annual revision by the Standing Committee.

Surgical Gauze

Widths and constructions, for Surgical Gauze in 100-yard bolts, including Flat Fold, Rolls, and Cut pieces.

Widths	Constructions
Inches	
36	20 x 12
36	20 x 16
36	22 x 18*
36	24 x 20
36	28 x 24
36	32 x 28
36 and 38 $\frac{1}{2}$	44 x 40

*To be considered for elimination at first revision conference.

CRINOLINE

Widths and constructions for Crinoline in 100-yard bolts.

Widths	Constructions
Inches	
36	28 x 24
36	32 x 28
36 and 38 $\frac{1}{2}$	44 x 40

BANDAGE ROLLS

Constructions, widths and lengths for Bandage Rolls.

Constructions	Widths	Lengths
	Inches	Yards
28 x 24	36	10
32 x 28	36	10
44 x 40	36 and 38 $\frac{1}{2}$	10

BANDAGES

Constructions, widths and lengths of Bandages.

Constructions	Widths	Lengths
	Inches	Yards
44 x 40	1	10-6

44 x 40	1 $\frac{1}{2}$	10-6
44 x 40	2	10-6
44 x 40	2 $\frac{1}{2}$ *	10-6
44 x 40	3	10-6
44 x 40	4	10-6

*To be considered for elimination at first revision conference.

PACKAGE GOODS

Constructions and lengths for Package Goods.

	25 yds.	5 yds.	1 yard
	20 x 16	24 x 20	24 x 20
Constructions	24 x 20	28 x 24	28 x 24
	28 x 24	32 x 28	32 x 28
	32 x 28		

These recommendations are to be effective from June 1, 1928, subject to annual revision by the Standing Committee.

Developments of Jordan Memorial Sanatorium

Continued from Page 28

rooms provided on this floor for X-ray, dentistry, laboratory, and a canteen for the sale of articles which otherwise would have to be sent to the nearest town.

The basement is connected with the main administration building by a subway so that service is carried on within the buildings without the necessity of going out of doors. All heating is arranged from the powerhouse through subways, thus preventing waste of heat and creating economy in heating.

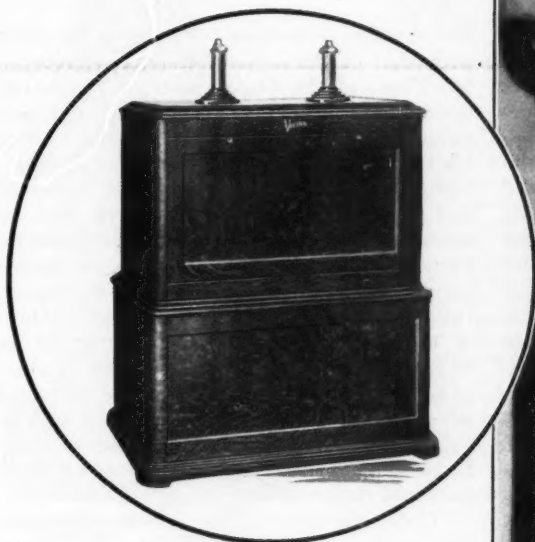
The new building has been designed with the object of removing, as far as possible, all feeling from the patients' minds of being in a hospital. The third floor is now practically occupied and the patients are delighted with their new quarters. The new radio receiving apparatus, the cost of which was met by donations from the people of New Brunswick, has arrived. Head phones have been installed in all of the rooms and radio concerts are being heard already. The apparatus is powerful, giving a wide range of programmes.

All sanitary equipment is of the most up-to-date description.

The cost of the new infirmary is something over one hundred and ten thousand dollars and is all being taken care of from the money bequeathed to the commission under the will of Mrs. Jordan. The furnishings are being provided by the Provincial government.

The architect for the building is Mr. J. W. Frazer, of Moncton, who was assisted in the work by Mr. Halifax, resident at the institution. The entire building will be occupied soon and the official opening will take place on June first, when members of the government and legislature, representatives of the counties, mayors of the towns and cities, and other prominent people will be invited to be present.

MOOSE JAW, SASK.—The formal opening of the new wing of the City General Hospital took place on May 12th.



Remote Control Booth for "Snook" at Cook County Hospital, Chicago, Ill., where two of these outfits have been recently installed.



"If others have had as little trouble with their X-Ray Transformers as I have had in ten years, they must be Snook users"

THIS is the statement of a roentgenologist who installed a Victor-Snook X-Ray Transformer ten years ago, and he adds the information that he is using his Snook "on an average of at least 20 hours a week in treatment work, at 140 K.V. P., as well as for radiography including 100 ma. technic." Says we may give his name to those desiring further information.

A short time ago a questionnaire was sent out covering 150 Victor-Snook machines that were installed ten years ago.

Up to this writing returns have been received on 132, and it has been extremely interesting to learn not only that all of these are in actual use today, but of the general satisfaction expressed by their users. The outstanding fact brought out through these questionnaires is that the Victor-Snook of ten years ago is equal to the demands of the X-ray art of the present, even with the advanced technics that have been evolved in this decade.

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Institute Changes in Educational System of Ontario Hospital, Orillia

Dr. B. T. McGhie, who recently succeeded Mr. Downey as superintendent of the Ontario Hospital at Orillia, has made some very interesting changes in the educational system since he has been in charge. Since taking over the superintendency of the hospital, Dr. McGhie has made an intensive study of the conditions under which the patients live, study and work, and has instituted many changes in the curriculum that will make for co-ordination of the academic and industrial training of the patients and the fullest possible development of their physical health. Building alterations have included the conversion of the former superintendent's residence into a nurses' home, and the course is being so arranged that graduates of the Orillia Ontario Hospital may, with very little additional training, secure their R.N. degree.

Amongst the recent appointments was that of a psychometrist, Miss V. O. Brazier, whose duty it is to classify incoming patients according to their mental ability and give them their proper placing in the school.

Radical changes have been made in the curriculum of the school. It has been found that the old public school methods have not been giving the practical training that is most useful to the pupils in their later vocational work, and under the

new system the academic course is being co-ordinated with that of the industrial shops. Professor E. D. MacPhee, of the Department of Psychology, University of Toronto, was consulted and gave much valuable assistance in the organization of the scheme. Under this system the teachers visit the various industrial departments, learn the technical terms and measurements required there and introduce them into the spelling, reading, or arithmetic lesson. Instead of teaching by grades, the teachers are now specializing on certain subjects, the pupils moving from class to class at short intervals. This method of changing classes not only serves to keep the interest of the pupils stimulated, but it also permits of bringing in older pupils from the industrial classes who need a better working knowledge of some particular subject such as reading or arithmetic in order to be able to follow instructions given them in the course of their work.

Under the new method, pupils spend part of the day in the school room and the other part in the industrial training section where the knowledge gained in the first department is practically applied while still fresh.

On entering the school the small kindergarten pupils are sent first to the sense development class.

Continued on Page 34

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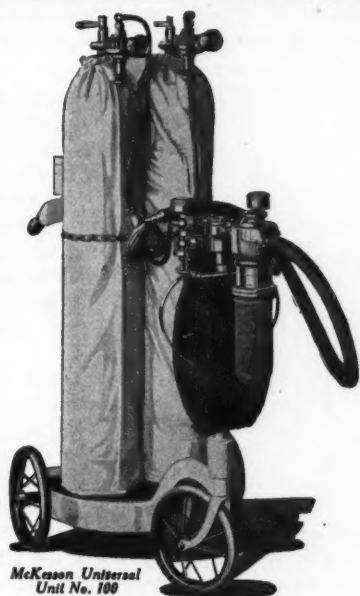
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Perhaps the most important advance in anesthesia apparatus consisted of a very simple and dependable means for inflating the lungs with pure oxygen—by which the most effective artificial respiration may be performed instantly by the anesthetist without assistance. It is this emergency valve which has saved many lives and has contributed to the popularity of the McKesson Model G appliances.

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Institute Changes in Educational System in Ontario Hospital, Orillia

Continued from Page 32

Two of the former class rooms have been thrown into one big, bright room, where a hundred children a day, in groups of ten, spend twenty minutes learning to distinguish differences in taste, colour, sound and form, and in learning imitative construction work. Such foundation work has been found to be essential to successful work in the more advanced industrial training classes.

From the sense training department the little pupils go on to the kindergarten, and are taught constructive application of the knowledge previously gained, then, from the kindergarten, they go into the school proper and the industrial classes. The boys are given manual training, and later spend time in the shoe shop, carpenter shop or tailor shop, an effort being made to discover in which each finds most pleasure and does the best work.

No boy is set to learn a special trade without opportunity being given him of showing that it is the one to which he is best adapted. The girls are first given instruction in plain hand sewing and darning, later being given training in the mending or machine stitching classes. Interest for them, however, centres now in the recently opened household science department. The girls take these classes six at a time, in a tiny model home that is complete from dust mop and kitchen sink to snowy pillow slips. Two at a time they learn how to care for the various departments of the home, and it is intended that the kitchen training shall be of the most practical kind, so that small meals will be prepared on the spot, and served by the girls to their companions in the little dining room.

It is believed that under the new system, by which those capable of supporting themselves are to be allowed to go out and take positions, the best place to send the girls is to homes, and it is hoped that the training given in this department will mean the development of good domestic help. It is work, too, in which the girls find a great deal of pleasure.

In the hand-sewing class, when visited, the group of girls were busily engaged in mending holes in socks, an occupation in which they appeared to be taking a very real interest. Down in the stitching room, a lovely bright new room where plants were thriving as in a greenhouse, machines were whirring and the knitting machine clicked busily. Here as in the tailor shop, where the boys were working on rubber mattress protectors for the wards, every effort has been made to have the working conditions satisfactory. The rooms were both so bright that no artificial light was necessary, but the newest type of adjustable light, capable of throwing light at any angle desired with no possibility of its striking the eyes, has been installed over each machine. In the shoe shop, also, where several pieces of new machinery have been installed, the health and comfort of the workers has been given every consideration.

One example is the machine for polishing soles which has been fitted with a vacuum system that draws off the fine powder which would otherwise fill

the air and the lungs of the workers. The new carpenter shop is also nearing completion and is of ample proportions to provide accommodation for all repair work besides permitting of its use as a training school for prospective carpenters.

In connection with the industrial training, Dr. McGhie hopes to institute a head-boy system by which those who give promise of being one day sent out to make their own way will be given added responsibilities and equivalent liberty so that they may gradually learn to depend on their own judgment and initiative. Without such training, he feels, it would be unfair to the patient to send him out into the world. There are about 500 patients under training, with twelve teachers and five industrial instructors.

Dr. McGhie, while keenly interested in the educational side of the work, is also an enthusiast as regards the development of the physical side, rightly believing that the two must go together to insure successful training. Mr. Bracey was recently appointed physical instructor, and Mr. A. Dilworth, whose appointment as teacher of manual training has just gone through, will assist with the physical training work during the summer months. Slides have been erected for the small children, at the front of the building, and the patients are being encouraged to make use of the rink, the boys and girls having alternative periods.

Perhaps the most attractive spot in the whole institution is the new medical building. Brightness and airiness are the two outstanding features and patients who can convalesce under such ideal conditions are almost more to be envied than pitied. There are ten wards altogether, most of them large, bright general wards with a few private wards for cases that need isolation.

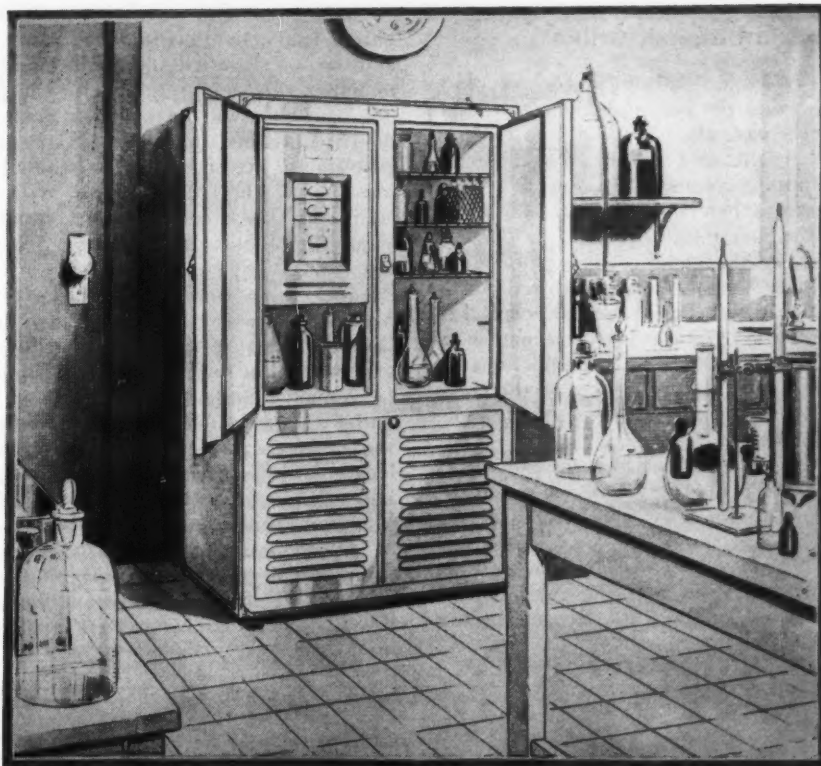
Dr. Morris has returned from the Hamilton Sanatorium, where he took a special course in chest diseases, and a new ward, where chest cases will be given special treatment, is being opened. The operating room is being brought up to date with a new operating table and carriage and one of the big shadowless lights that are now regarded as essential to successful surgery. A new sterilization plant has just been installed, and the dental clinic has been furnished with the most modern apparatus including gas equipment.

In connection with these rooms is the dispensary and the laboratory, and off the sterilization room is the doctors' wash room where modern plumbing, including the elbow taps that permit of adequate sterilization of the hands, has been installed.

All new patients entering the hospital are first received in the medical building where they are kept under observation for a month or two before being admitted to the general wards. Thus the danger of new patients bringing in contagious diseases is prevented, and an opportunity is afforded for the discovery and rectifying of any minor physical defects.

Two dining rooms and service kitchens at either end serve the boys and girls who are up patients.

Continued on Page 36



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Please refer to THE CANADIAN HOSPITAL when writing

Institute Changes in Educational System of Ontario Hospital, Orillia

Continued from Page 34

Dr. Hamilton's residence and the executive offices of this building are in the centre, leaving the bright outer rooms for the patients.

Delightfully bright and cheery is the lecture room where the pupil nurses will be given the lectures in connection with their course. Dr. McGhie is arranging that the course followed shall be the same as that outlined by the superintendent of Ontario Training Schools for Nurses, so that with six months' additional obstetrical training in another hospital the graduates of the Orillia Ontario Hospital may secure their registered nurses' degree. Applications for probationers are being received now, and the course will commence in August with, it is expected, a class of fourteen pupil-nurses.

The residence of the former Superintendent, the late Mr. Downey is being converted into a nurses' residence. On the main floor will be the private apartment of the Superintendent of Nurses, Miss Stubley, whose living room will have double doors that permit the throwing of that and the recreation room of the nurses in training into one, if so desired at any time.

On the second floor will be their library and a sun-porch study overlooking the lake. On this floor and the one above are the dormitories, five in number, including private dormitories for the graduate nurses, one of which will be on each floor. They are all delightful rooms and are being redecorated and made exceedingly attractive. The home also includes the most modern bath equipment. With such a training course and such comfortable accommodation, there should be no lack of applications from those desiring nursing training.

The supervising nurses at the present time are Miss O'Gorman and Miss Merkley, graduates of the Ontario Hospital at Whitby, and Miss Went, a graduate of the Orillia Soldiers' Memorial Hospital.

Amongst other alterations and improvements under way is the opening of a new reception room for the relatives and friends of patients. It is to be located in the large staff dining-room off the main hall, and, while easy of access, will give desired privacy to those who come to visit.

A new staff dining-room is being opened in the room where the sewing machines were formerly placed, and off it is a large and well equipped, tile-floored service kitchen. Here all food will be pre-

Continued on Page 41



Women's General Hospital, Montreal

Reorganization of its laboratory and X-ray departments is announced by the Women's General Hospital. These departments have been fully equipped to do the latest type of scientific work, so that patients may have the most modern methods of examination.

Miss Ida M. Sheppard, B.Sc., of Des Moines, Iowa, has been appointed to take charge of both of these

departments, under the direction of Dr. W. H. Chase in the laboratory, and of Dr. George Fisk in the X-ray department.

Miss Sheppard holds the Bachelor of Science degree of Illinois Wesleyan University of Bloomington, Ill. She was for some time previous in charge of the laboratory of the Broadlawn General Hospital.

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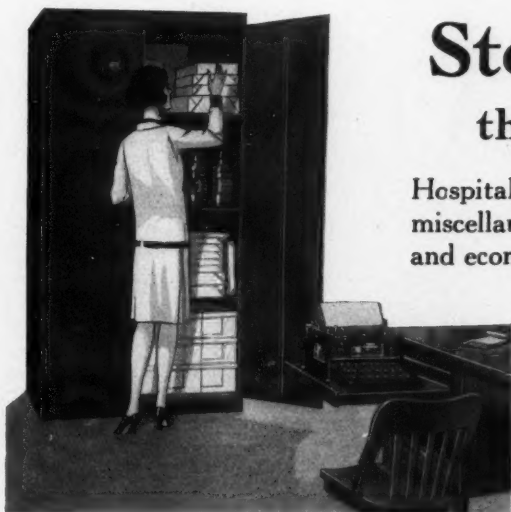
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News of Hospitals and Staffs

A Condensed Monthly Summary of Hospital Activities, Building and Extension Plans and Personal News of Hospital Workers.

Editor's Note: Contributions of items for publication in this department will be gladly received. Please address, The Canadian Hospital, 454 King Street West, Toronto.

STRATHROY, ONT.—Miss McKay, of Woodstock, is the newly appointed assistant superintendent of the Strathroy Hospital.

* * *

TORONTO, ONT.—The City Council has approved the application for the erection of the Orthopedic Hospital on Prince Arthur Avenue.

* * *

VICTORIA, B.C.—Work on the new nurses' home which is to be added to the Queen Alexandra Solarium will be commenced shortly, to be in readiness for occupation this summer.

* * *

CAMPBELLTON, N.B.—Miss Winifred McLean, of the Royal Victoria Hospital Staff, Montreal, has accepted the position of the Superintendent of the Soldiers' Memorial Hospital.

* * *

KINGSTON, ONT.—Miss Maude Sterling, who for over three years was the matron of Mowat Sanitarium, Kingston, and who is now superintendent of the Owen Sound General and Marine Hospital, had the great honour of turning the first sod in the erection of the new \$80,000 wing to the Owen Sound Hospital.

* * *

CALGARY, ALTA.—One of the very practical and worthy aims of the Calgary Tuberculosis Association has at last been realized, the opening of a clinic for the examination and prevention of tuberculosis. A local doctor is to be placed in charge of examinations and the association's nurse, Miss Elizabeth Moorehouse, is to assist him. During the week, Miss Moorehouse will do follow-up work throughout the city.

* * *

HAMILTON, ONT.—Dr. W. W. Williams, superintendent of the local Ontario Hospital, stated that a new arrangement had been made whereby patients on probation will receive the attention of a trained nurse and treatment which will accelerate their complete discharge.

The nurse will visit the homes of patients on probation. She will carry on observation work, keep complete records and tender advice to relatives regarding the case.

New buildings valued at \$180,000 are to be erected on the grounds this year.

SASKATOON, SASK.—Extension to the present isolation quarters at the city hospital to take care of smallpox patients, involving an expenditure of about \$6,000, will in all probability be erected this year.

* * *

COLLINGWOOD, ONT.—Work has commenced on the erection of the memorial wing at the G. & M. Hospital. This new wing is possible through the generosity of Mr. Leighton McCarthy, K.C., of Toronto.

* * *

LONDON, ONT.—The erection of a 52-bed addition to the Queen Alexandra Sanatorium, costing approximately \$87,000, is to be proceeded with immediately, according to the London Health Association. The new building is to be known as the Pocock Pavilion.

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ST. LAMBERT, QUE.—Miss E. S. Trench, former graduate of the Homeopathic Hospital, Montreal, and for eighteen years superintendent of the Women's Hospital, has opened a private hospital in St. Lambert.

HALIFAX, N.S.—The resignation of Miss Florence Merlin, superintendent for the past four years of the New Waterford General Hospital, has been accepted by the Hospital Board.

MOOSE JAW, SASK.—Mrs. A. M. Young, graduate of the Oshawa General Hospital, has been appointed superintendent of the Moose Jaw General Hospital.

CALGARY, ALTA.—Holy Cross Hospital is to be enlarged. A complete new wing is to be constructed, while extensive remodelling of other parts of the building will be undertaken in the near future. The cost of the improvements and additions will amount to between \$250,000 and \$300,000.

NORTH BAY, ONT.—The board of management of the Queen Victoria Memorial Hospital has announced the acceptance of the application of Miss M. A. Howard, formerly of the Kitchener-Waterloo Hospital for the position of superintendent, to succeed Miss E. Rogers, resigned. The application of Miss Alice Sewell has been accepted for the position of secretary.

TRENTON, ONT.—Plans were laid before the council for the erection of a hospital at the corner of Sydney and Dundas Streets. The property is a gift of Dr. E. A. McQuade. Operating costs will be borne entirely by the hospital board. Further details of this will be announced later.

Plans call for the erection of a two-storey building of fireproof construction at a cost of \$50,000.

LONDON, ONT.—Members of the graduating class of Meds, '28, at the University of Western Ontario, have been appointed to serve as internes in fourteen hospitals in Canada and the United States.

Graduates and their appointments are as follows: Bruce Gerhard, Delhi, appointed to Brantford General Hospital; William Johns, St. Thomas, Toronto General Hospital; Neil Laurie, Leamington; A. Mowry, Toronto and J. S. McGregor, Western Hospital, Toronto; T. A. McCallum, of this city, Ontario Hospital; H. J. Nunn, Allanburg, Vancouver General Hospital; T. O. Mulveney, St. Thomas, Buffalo City Hospital; B. Potts, St. Thomas, and C. W. Procunier, Belmont, St. Joseph's Hospital, city; B. D. Wiley, Blenheim, Mount Clemens, Michigan, Hospital; G. H. Agnew, Battle Creek, and Milton Walker, city, Ford Hospital, Detroit; Ed. Bartram, Parkhill, Montreal General Hospital; E. Bleuglet, St. Joachim, Hotel Dieu, Windsor; W. Bole, West Lorne, and Kenneth Lindsay, of this city, Victoria Hospital; Leon Callaghan and Crawford Lewis, both of this city, appointed to the New York City Hospital; M. D. Comfort, Mount Brydges, Harper Hospital, Detroit.



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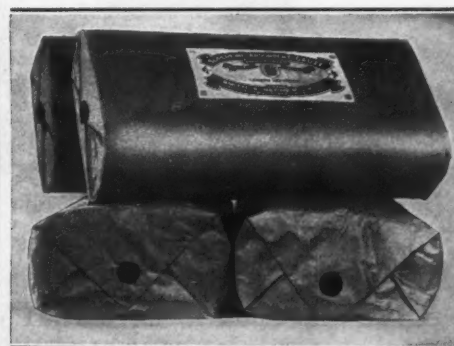
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News of Hospitals and Staffs

Continued from Page 39

VANCOUVER, B.C.—The sixteenth annual meeting of the British Columbia Graduate Nurses was held in Vancouver in April.

NORTH BAY, ONT.—Miss Alice Sewell has been appointed to the position of Secretary by the Board of Management of the Queen Victoria Memorial Hospital.

BROCKVILLE, ONT.—Miss John Gibson, matron and dietitian at the Brockville General Hospital for a number of years, has retired from her position.

MOOSE JAW, SASK.—The formal opening of the new wing of the Providence Hospital took place on May 2nd. The wing has just been completed, and a children's ward, with all modern equipment, takes the place of the chapel in the old portion of the hospital.

CHATHAM, ONT.—Miss Florence H. M. Emory, of the department of public health nursing of the University of Toronto, was re-elected president of the Registered Nurses' Association at the annual convention held recently.

Other officers elected were: First vice-president, Miss Muriel McKee, superintendent of the Brantford General Hospital; second vice-president, Miss Marian May, of the Ottawa General Hospital; secretary-treasurer, Miss Matilda Fitzgerald, of Toronto.

WELLAND, ONT.—Miss Laura M. Hutton, for the past two years superintendent of the Welland County General Hospital, has resigned from her position.

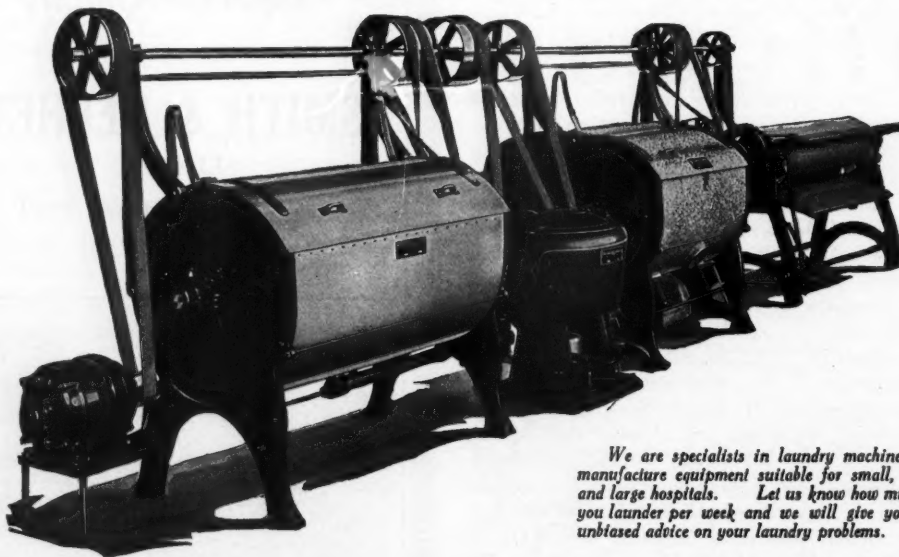
WINNIPEG, MAN.—The convention of the Canadian National Association of Trained Nurses will be held in Winnipeg in July. The convention will last five days, commencing on July 7th.

NORTH BAY, ONT.—Announcement has been made of the appointment of Miss M. A. Howard, formerly of the Kitchener-Waterloo Hospital, as Superintendent of the Queen Victoria Memorial Hospital. Miss Howard succeeds Miss E. Rogers, who recently resigned.

MONCTON, N.B.—Rev. Sister Louise-Gertrude, registered nurse in Canada and the United States, has arrived in Moncton to take charge of the nursing class at the Hotel Dieu Hospital. Rev. Sister Louis-Alfred has accepted the appointment as Treasurer and Economist at this hospital, coming from Providence Hospital in St. Johnsbury, Vermont, where she has been acting in a similar capacity.

BARRIE, ONT.—The nurses' residence of the Royal Victoria Hospital at Barrie has been formally opened. The building, which is a gift of Leighton G. McCarthy, K.C., is of colonial design, three storeys in height, is furnished to accommodate twenty-two nurses, and is thoroughly equipped throughout.

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TORONTO, ONT.—Mrs. Lena Campbell, R.N., who has resigned as matron of the Miramichi Hospital, has accepted a position as instructress of nurses at Wellesley Hospital, Toronto.

* * *

HALIFAX, N.S.—Mr. W. W. Kenny has been made an honorary member of the local branch of the Nova Scotia Medical Society. Mr. Kenny is superintendent of the Victoria General Hospital.

* * *

TORONTO, ONT.—After seven years of service as Superintendent and Secretary-Treasurer of the Hospital for Sick Children, Toronto, Mr. Watson Swaine has retired from active service. He will remain, however, in an advisory capacity.

The Board of Directors have decided to divide the responsibilities, and Mr. J. H. W. Bower has been appointed Superintendent, and Mr. J. S. Crawford will take over the duties of Secretary-Treasurer.

* * *

VICTORIA, B.C.—New appointments to the nursing staff of the Royal Jubilee Hospital are: Miss Gertrude Currie, who has been head nurse of the Victorian Order of Nurses in Victoria for the past four years, appointed assistant director of nursing.

Miss Winifred Cook, instructor for some years at the Montreal General Hospital, appointed instructress.

Miss Myra Owen, who for the past four years has been supervisor of the operating room at the new Sydenham Hospital in New York, appointed operating supervisor.

Miss Ursula Whitehead, who was for a time matron of Quesnel Hospital, appointed night supervisor.

Continued from Page 36

pared for service, doing away with the old family system by which one had to do the carving for all. A special room is also being set aside in the kitchen department for the storing and slicing of bread. The loaves will be run through the slicing machine, the uniformity thus secured being a very desirable and waste saving feature. The cut bread will be taken by carriers to the various dining-rooms.

Another improvement already effected is the combination of the cobbling shop and the shoe factory. Shoes to be repaired are now put on the machines and soled the same as new ones, the result being a much more satisfactory finished job.

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Most of the alterations are nearing completion, and already the beneficial effects of some of the innovations are becoming evident. Though he has been in office only a few months, Dr. McGhie has concentrated on the task in hand, and the work already accomplished and under consideration are abundant proof that he is bringing to it an executive ability of high order that should be productive of much worthwhile work.



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DEKNATEL Sealed On Baby

MONTREAL, QUE.—Miss Mabel K. Holt has been appointed superintendent of the training school for nurses of the Montreal General Hospital, succeeding the late Miss S. E. Young. For the past two years Miss Holt has been superintendent of nurses at the Hamilton General Hospital.

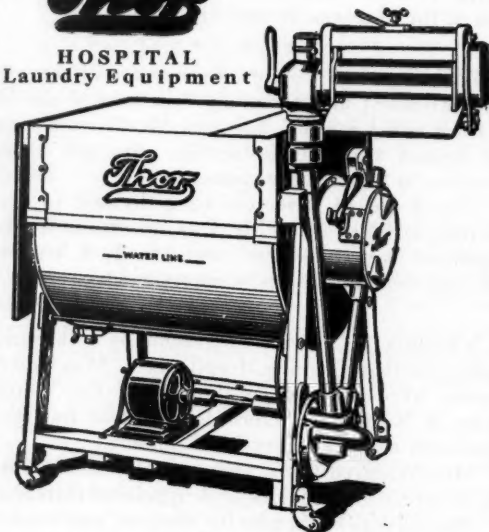
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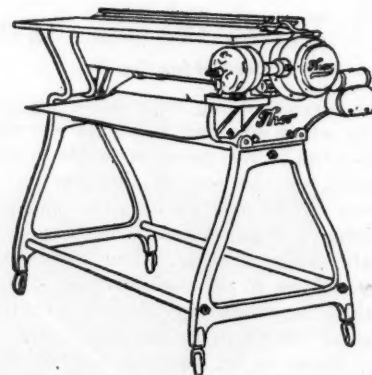
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Credit Bureaus Helpful in Collecting Accounts

By A. B. BUCKERIDGE
Manager, Pittsburgh Credit Bureau, Inc.

While the hospital cannot investigate credit first in the way the retailer does, it can tear a page out of the retailer's note book and use similar methods of collection.

In the first place the merchant has an understanding when an account is to be paid. He informs the customer when the account is opened when same is to be paid. The terms are clearly understood, even if the arrangements call for weekly or monthly payments over a year or longer.

You all have personal accounts at stores where you know that the bills must be paid on the 10th. You also have accounts at places where no terms are mentioned and you feel you are not obligated to pay right on the dot. When, as it occasionally happens, you do not have enough money to pay everybody in full, you know what happens. The stores which have made you understand that prompt payment is necessary get theirs and the others take their turn, or receive only part payment, if any.

Also consider the bank. When you sign a note you know that payment is to be made in thirty, sixty or ninety days. You adjust your finances so as to pay your obligation on the date due, and incidentally the bank does not hesitate to remind you a few days before the money is due, and as you know that is the bank's regular procedure you heed the warning and do not feel offended.

When hospitals adopt a uniform manner of ex-

tending credit by means of advising patients of their terms then the first step in safe and sane credits is reached.

The next step of a progressive retail store is to notify the customer when the time for payment has passed. For instance, if you have an account which is payable in thirty days and you do not take care of the obligation at that time, about the forty-fifth day you receive a nicely worded, gentle reminder that possibly you have overlooked the payment and the terms are called to your attention.

At the end of sixty days the reminder is a little more to the point.

At ninety days, the collection procedure begins in earnest and here is where the difference between collections and failure becomes apparent.

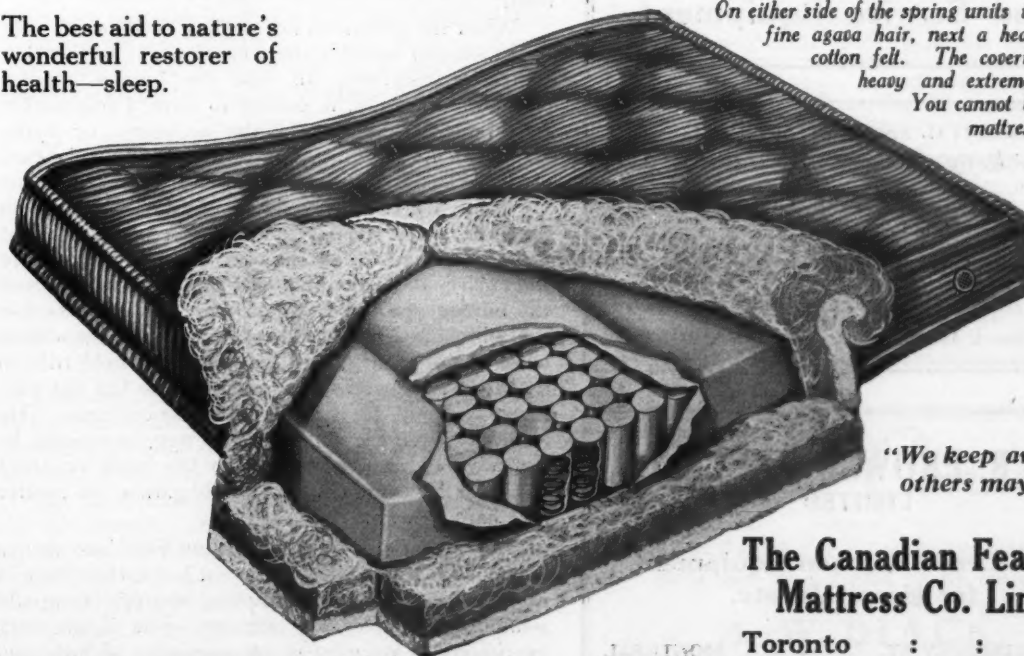
At this stage is where the hospital can take advantage of the membership in a credit bureau.

After the letters calling attention to prompt payment, a stronger message is needed, and the matter of advising the debtor of the necessity of maintaining a good credit standing is in order.

Fortunately the hospital can use a truthful threat in telling the person that unless the account is paid it will be necessary to record the manner of payment to the credit bureau for its files available to the merchants, business and professional men of the city. I say fortunately, because it is indeed unfortunate that hospitals as well as other lines of business and

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professions have fallen into the dangerous rut of making threats that are never carried out.

When a debtor receives a threat that such and such a thing will happen to him if he does not pay—and either because of unwillingness or inability he does not or cannot pay, he waits for the fulfilment of the threat. Nothing happens, and he begins to wonder whether or not he was being "kidded." The next time a threat is made, he ignores it and finds that the game of bluff is very much used by creditors. The unfollowed up threats to collect accounts have produced more dead-beats and devitalized more collection departments than any other sources.

This also applies to hospitals who turn their accounts over to questionable collection agencies, one after another. These agencies use every kind of threat imaginable, which they fail to carry out. They try to insult the debtor in every way possible to collect and leave behind them a mob of delinquents who are frothing at the mouth and damning the hospital for handing the account over to such an unscrupulous agency.

But when the hospital can tell the patient that as a member of the credit bureau they are required to list with the bureau the records of all accounts not paid promptly when due, and in a helpful manner suggest that if payment is made at once they will omit their names from the list, then the hospital is using a means of collection that is painless, effective and helpful to the patient. Incidentally, when the patient does not pay, the hospital does so report to the credit bureau for the protection of its other members.

Investigations conducted by credit bureaus have

shown that the people who do not pay hospitals do not pay the grocer, meat dealer, department store, physician, dentist, etc.

Every credit bureau has a series of collection letters which are sent out for members at a very low cost and which the hospital can use with very good effects.

The first letter tells the patient that each member has to send the bureau a list of ratings at regular intervals which are placed in the bureau files. The bureau points out that the account mentioned is past due, and should be paid at once to avoid an unfavourable report.

The second of the series calls attention to the fact that the first letter has not been acknowledged and that no payment has been made on the account. It points out that every credit grantor is entitled to one of two things: either that the debtor pay the account or explain why it has not been paid. The letter closes with the statement that the bureau is not a collection agency but is merely trying to protect their credit.

You can see that these two letters do not contain anything that the person receiving them could take any offense at. In fact, bureau records show that the majority of people write or call the bureau and thank them for calling their attention to the account, with the most usual alibi that they had never received a statement of the amount owing, and thought it had been paid.

The third letter is for the class of people who do not respond to gentle treatment or hints. It tells them that unless they take care of the account within a specified time the information will be placed in the bureau files available to practically every merchant, business and professional man in the city or county, and will no doubt result in their being refused further credit.

When the letters do not achieve settlement, then if the bureau handles the collections, it is the best source of recovery. In case the bureau handles credit reports only, it is best to have a responsible collection agency handle the accounts, or make arrangements with a reputable attorney to take care of them.

While a hospital should secure credit reports on patients, there is one time when it always should call the bureau. That is when an account is more than thirty days overdue. By getting a report from the bureau you can find out whether the party has the willingness and ability to pay. A person may have lots of money, own his home and hold title to an expensive automobile, but unless he has the willingness to pay, he is an unprofitable customer. He also may have the willingness to pay, but unless he has a good position, money in the bank or other resources he cannot meet the obligation, no matter how hard he wants to.

If the patient is in good standing, has always paid his bills promptly, then you know that there is not much necessity of prompting him or continually reminding him of the account. But if he owes everybody in town, it is not necessary to dilly and dally around. If he has any money he will pay the

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most persistent collector. If you do not follow him up closely he may move and your chances of finding him are very remote.

If the bureau's investigation shows that the patient is one in desperate circumstances, owes more money than he can possibly pay in a few years, as is the case in countless instances, it is better to cross the account off your books and charge it to charity than to waste your time in throwing good money after bad or pressing the miserably unfortunate.

Hospitals should co-operate with bureaus because of the moral asset which is their greatest benefit. When people know that unless they pay their bills promptly the information will be reported to the credit bureau and will result in their being refused further credit, they naturally are going to be more careful in the obligations they incur.

Hospitals should contribute to advertising funds of bureaus and credit associations to educate the public through the printed word of the necessity of prompt payment. By displaying the sign showing that you are members of the credit bureau in your office you impress upon your customers that you are organized. By printing on your bill-heads "Member Credit Bureau," you show your patients that you report the paying habits of the people on your books. And when you take an active interest in the credit organization you will find many other ways in which you can benefit.

KIMBERLEY, B.C.—The opening of the new wing of the Kimberley Hospital officially took place on May 12th. The addition was completed just before that time and was occupied during a part of April.

* * *

NORTH VANCOUVER, B.C.—Notification of governmental approval of plans for the erection of a new sixty-bed hospital is expected by the building committee of the joint North Vancouver Hospital Board. The cost of the hospital will be \$160,000 and it should be ready for occupancy about November.

* * *

DRUMHELLER, ALTA.—Plans for the erection of an annex to the Drumheller Hospital have been approved.

The proposed addition will be a three-storey wing, a portion of which will be used for the nurses' home. A boiler room and laundry is to be erected from which the main building will be heated. The estimated cost of the improvements is \$32,000.

* * *

CALGARY, ALTA.—A special hospital accommodation committee has recommended a new \$1,000,000 General Hospital, to be erected about seventy-five feet west of the present building.

The plan favoured by the committee is to build the new hospital in three units, which will have a capacity of 500 beds when completed. Probably the right wing, with accommodation for 150 beds, would be erected first, with the other two wings to follow. The present hospital building would be used during construction and eventually would become a nurses' home and possibly house a ward for chronic patients.

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